120 South Riverside Plaza 22nd Floor Chicago, Illinois 60606 Phone: (312) 655-1500 Fax: (312) 655-1501

WELSH & KATZ, LTD.

cost to you.

RECEIVED **CENTRAL FAX CENTER** FEB 0 9 2005

To:	U.S. Patent and Tradem		L. Friedman	
Fax:	703-872-9306	Pages:	2	
Phone	:	Date:	2/9/05	
Re:	Serial No. 09/490,540 Docket No. 7251/78198	GC:		
Urg	ent For Review	Please Comment	☐Please Reply	Please Recycle
Primary	y Examiner Poinvil,			
An au the subj	athorization for Mr. Sanford ject application is attached.	T. Colb or Mr. Zviel to act	in a representative cap	pacity in connection with
			That	-
			. Friedman eg. No. 37,135	
IF YO	U DO NOT RECEIVE DIATELY (312) 655-1500 AI	ALL PAGES OR ARE	HAVING TROUP	BLE, PLEASE CALL
	* * * :	**** CONFIDENTIAL	LITY NOTE ****	* * * *
or brist	cuments accompanying this ileged and exempt from dis	closuré under applicable l	tain information whi aw. The informatio	ich may be confidential n is intended to be for

the use of the individual or entity named on this transmission sheet. If you are not the intended recipient, be aware that any disclosure, copying distribution or use of the contents of this information is without authorization and is prohibited. If you have received this facsimile in error, please notify us by collect telephone immediately so that we can arrange for the retrieval of the original documents at no

Sample Form (09-04)

AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

In re Application of:	KIPNIS et al.			
Application No.	09/490,540			
Filed:	25 JAN 2000			
Title:	PORTABLE TRANSACTION	DEVICE		
Attorney Docket No.	7251/78196	Art Unit:	3628	

The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:

Name	Registration Number
Sanford T. Colb	26,856
David Zviel	41,392

This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.

SIGNATURE of Practitioner of Record					
Signature	L. Friedman	Date 9 FEB 2005			
Name	Mal	Registration No., if applicable 37, 135			
Telephone	312-655-1500				

This form offers a sample or suggested format for an authorization for an agent. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

If you need essistance in completing the form, call 1-800-PTO-9199 and select option 2.